

# Direct Deposit Authorization Form

☐ I want to set-up/change Direct Deposit information for my payment (Please fill out the below form)

☐ Cancel Direct Deposit –Send Check to Home Address on File

**Mellon Bank**  
**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I, the undersigned benefit recipient \_\_\_\_\_ (print name), whose address is \_\_\_\_\_ (street, city, state and zip code), authorize the monthly pension payable to me under the terms of the Plan(s) to be electronically transferred through the Automated Clearing House ("ACH") to the listed bank: **This remains in effect until canceled in writing.**

\_\_\_\_\_  
(Bank Name)

\_\_\_\_\_  
(Bank Street)

\_\_\_\_\_  
(Bank City, State and Zip Code)

Checking: \_\_\_\_\_ or Savings: \_\_\_\_\_  
(Your account number) (Your account number)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Former Employer (Receiving Pension From)

\_\_\_\_\_  
Date Signed

**If you are receiving a Survivor's benefit, please complete the following:**

\_\_\_\_\_  
Deceased Retiree's Name

\_\_\_\_\_  
Deceased Retiree's Social Security Number

**THE FOLLOWING SECTION OF THIS FORM MUST BE COMPLETED BY YOUR BANK**

The bank agrees to refund the to Trustee any payment or payments received and credited to the account in error or subsequent to the date of his/her death, to the extent funds are available in the account.

By: \_\_\_\_\_ (Bank Representative's Signature)

Print Name and Title: \_\_\_\_\_

Dated: \_\_\_\_\_ Bank's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Bank's ACH Routing/Transit number: \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Mellon Global Security Services  
Pension Input Processing  
P.O. Box 569  
Pittsburgh, PA 15230

**FAX: (412) 236-9209**